

TRANSMITTAL FORM

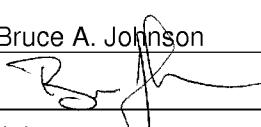
(to be used for all correspondence after initial filing)

		Application Number	09/776,392
		Filing Date	2/2/2001
		First Named Inventor	Maligeorgos, James
		Group Art Unit	2817
		Examiner Name	CHANG, JOSEPH
Total Number of Pages in This Submission	2	Attorney Docket Number	SIL.P0099

ENCLOSURES (check all that apply)

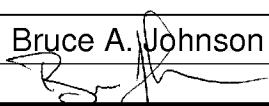
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request to Withdraw the Holding of Abandonment
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to deposit account number 50-3864 (Johnson & Associates).	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Johnson & Associates
	Bruce A. Johnson
Signature	
Date	Customer Number 30163
July 28, 2006	

CERTIFICATE OF TRANSMISSION/MAILING

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